

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3						
4						
5						
6						
7	2					
8						
9	2					
10						
11	2					
12						
13	2					
14						
15	2					
16	1					
17						
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19						
20						
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48						
49						
50						

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

21
22
22

1234567890
1234567890
1234567890

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

1234567890
1234567890
1234567890

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